

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO	FILING DATE	
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13		1				
14						
15						
16						
17						
18						
19	1					
20		1				
21	1					
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	7	→	→	→	→	→
TOTAL CLAIMS	11					

	*	*	*
51	IND.	DEP.	IND.
52			DEP.
53			IND.
54			DEP.
55			IND.
56			DEP.
57			IND.
58			DEP.
59			IND.
60			DEP.
61			IND.
62			DEP.
63			IND.
64			DEP.
65			IND.
66			DEP.
67			IND.
68			DEP.
69			IND.
70			DEP.
71			IND.
72			DEP.
73			IND.
74			DEP.
75			IND.
76			DEP.
77			IND.
78			DEP.
79			IND.
80			DEP.
81			IND.
82			DEP.
83			IND.
84			DEP.
85			IND.
86			DEP.
87			IND.
88			DEP.
89			IND.
90			DEP.
91			IND.
92			DEP.
93			IND.
94			DEP.
95			IND.
96			DEP.
97			IND.
98			DEP.
99			IND.
100			DEP.
TOTAL IND.		→	→
TOTAL DEP.		→	→
TOTAL CLAIMS			→